



GENERAL ORDER

Number: 215
Page: 1 of 3
Subject: Transfers
Date: 15 May 2006
Distribution: All DOS Employees

I. PURPOSE:

To establish policy and procedures for the employees of the Tennessee Department of Safety concerning the above captioned subject.

II. POLICY:

It shall be the policy of the Tennessee Department of Safety to allow and accommodate transfer requests by employees when such requests are determined to be beneficial to the department and the requesting employee(s). It shall also be the policy of the Department to utilize transfers to maximize departmental and employee effectiveness. All transfers shall be conducted in compliance with the provisions of this Order and Sections 1120-2-.13 and 1120-10-.07 of the State Department of Personnel Rules and Regulations Manual. The provisions of this policy shall in no way affect the authority of the Department to temporarily assign employees to special details or duty stations when circumstances dictate. In times of crisis, or when departmental presence is required by societal needs, temporary assignments will be made accordingly and with full knowledge of the Commissioner and Colonel.

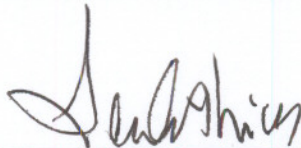
III. DEPARTMENTAL TRANSFER PROCEDURES:

- A. All transfers must be approved by the Commissioner.
- B. Only transfers into vacant positions will be made. Overlapping or "double-slotting" is prohibited and will not be practiced.
- C. District/Division captains, managers or section heads who feel that it would be to the advantage of the Department to transfer an employee to another duty station shall recommend such action to the Colonel/Director.
 - 1. The person recommending the transfer of an employee shall submit, with the recommendation, a justification for the transfer.
 - 2. The Colonel/Director may solicit the employee's comments on the transfer recommendation before any decision is made on the recommendation.
- D. Transfers may be used as a disciplinary action if it is determined by the appointing authority (Commissioner) that an employee's ability to satisfactorily perform his/her duties is beyond the capabilities of the employee or the employee has been compromised by notorious conduct to the extent that he/she is ineffective in his/her position. In these instances, the employee may be demoted or transferred to a position that is more appropriate after minimum due process has been provided. (See General Order 216-2 and Section 1120-10-.07(6) of the Department of Personnel Rules and Regulations Manual).

IV. PROCEDURES FOR INDIVIDUAL REQUESTS:

- A. Commissioned members, and non-commissioned employees within the Colonel's chain-of-command, wishing to transfer to another duty station will submit their request, through the chain of command, to the Colonel on a "Request For Transfer" Form (SF-0117).
1. A commissioned member, regardless of rank, shall spend a minimum of one (1) year at a new assignment before a request for transfer will be accepted and processed, except as provided in Sections III. C., D., and IV., F., of this Order. This condition shall also apply when a commissioned member receives a promotion and is assigned to a new duty station or assignment.
 2. Once a transfer request is received by the Colonel's Office, a confirmation of receipt will be sent to the employee within ten (10) calendar days.
 3. Transfer requests will be kept on file in the Colonel's Office. When a vacancy occurs, those employees who have expressed an interest in that assignment will be considered first.
 4. When a transfer request is approved, the employee will be notified and the request will be forwarded to the Human Resource's Office so that the necessary changes to the employee's personnel file can be made.
- B. All other non-commissioned employees wishing to transfer to another duty station within the Department will submit their requests, through the chain of command, to their Division Director on a "Request For Transfer" Form (SF-0117).
1. Once the transfer request is received by the Director's Office, a confirmation of receipt will be sent to the employee within ten (10) calendar days.
 2. Transfer requests will be kept on file by each Director. When a vacancy occurs, those employees who have expressed an interest in that assignment will be considered first.
 3. Non-commissioned employees should also notify the Division or Section Head within the department of the unit they wish to transfer to, and that a transfer request has been submitted and they are interested in a position within that section/division.
 4. When a transfer request is approved, the employee will be notified and the request will be forwarded to the Human Resources' Office so that the necessary changes can be made to the employee's personnel file.
- C. Employees wishing to transfer to another state department should consult with the Human Resources' Office for assistance in completing the necessary requirements.
- D. The needs of the Department will be the determining factor in filling vacancies. Beyond that, the performance and seniority of employees requesting transfers will be determinative.

- E. Whenever two (2) or more employees, by mutual agreement, wish to exchange stations, their requests will be submitted together.
1. "By agreement" should be written across the face of all forms.
 2. A sincere attempt will be made to accommodate such requests.
- F. Personal hardship cases may be considered after an investigation has been conducted with the findings forwarded to the Colonel/Division Director's Office for review. Personal hardship requests for transfers shall be considered in a timely and case-by-case basis. However, only transfers into vacant positions will be made. Overlapping or "double-slotting" is prohibited.
- G. Moving expenses will not be paid by the Department when a transfer is authorized at the request of an individual. (See General Order No. 215-1)



Gerald F. Nicely
COMMISSIONER

All Personnel:

I have read and fully understand the above Order.

Signature

Date



Tennessee Department of Safety Request For Transfer



PLEASE USE LEGAL NAME

Last Name: _____ First Name: _____ MI: _____

Name You Go By: _____ SSN: _____

Rank/Title: _____ Date Appointed to DOS: _____

Current Station/County

District #: _____ County #: _____ Date assigned to current Division/County: _____

01	Anderson	15	Cocke	29	Grainger	43	Humphreys	57	Madison	71	Putnam	85	Trousdale
02	Bedford	16	Coffee	30	Greene	44	Jackson	58	Marion	72	Rhea	86	Unicoi
03	Benton	17	Crockett	31	Grundy	45	Jefferson	59	Marshall	73	Roane	87	Union
04	Bledsoe	18	Cumberland	32	Hamblen	46	Johnson	60	Maury	74	Robertson	88	Van Buren
05	Blount	19	Davidson	33	Hamilton	47	Knox	61	Meigs	75	Rutherford	89	Warren
06	Bradley	20	Decatur	34	Hancock	48	Lake	62	Monroe	76	Scott	90	Washington
07	Campbell	21	Dekalb	35	Hardeman	49	Lauderdale	63	Montgomery	77	Sequatchie	91	Wayne
08	Cannon	22	Dickson	36	Hardin	50	Lawrence	64	Moore	78	Sevier	92	Weakley
09	Carroll	23	Dyer	37	Hawkins	51	Lewis	65	Morgan	79	Shelby	93	White
10	Carter	24	Fayette	38	Haywood	52	Lincoln	66	Obion	80	Smith	94	Williamson
11	Cheatham	25	Fentress	39	Henderson	53	Loudon	67	Overton	81	Stewart	95	Wilson
12	Chester	26	Franklin	40	Henry	54	McMinn	68	Perry	82	Sullivan	00	Non-state
13	Claiborne	27	Gibson	41	Hickman	55	McNairy	69	Pickett	83	Sumner		
14	Clay	28	Giles	42	Houston	56	Macon	70	Polk	84	Tipton		

Assignment Preferences:

District/Division Name

County Name

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Reason: (If additional space is needed, use additional sheet.)

Employee Signature: _____ Date: _____

For Administrative Use Only

Attention Administrative Personnel: If you do NOT recommend/ approve of this transfer, please write a separate memo to the Commissioner stating why you do not recommend it, attach this request to your memo and continue processing through the chain of command.

Immediate Supervisor (Sgt) Signature: _____

District Supervisor (Lt.) Signature: _____

Asst. Director (Capt.) Signature: _____

Director (Col.) Signature: _____

Commissioner Signature: _____

Transfer Effective: _____

Recommended?

☐ Yes ☐ No Date: _____

☐ Yes ☐ No Date: _____

☐ Yes ☐ No Date: _____

☐ Yes ☐ No Date: _____

☐ Yes ☐ No Date: _____

For Human Resources Use Only

Pos#	From	Pos #	To
Wk Co	_____	Wk Co	_____
Cost Ctr:	_____	Cost Ctr:	_____